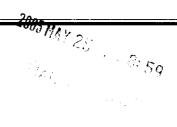
## **CERTIFICATE OF** ASSUMED BUSINESS NAME



Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

he true name(s) and business address(es) of t	
usiness under the assumed business name:  Name  MARGARET SANTISTEVAN	Complete Address 2805 GEMINI PL CALDWELL ID 83605
NICHOLAS RADANDT 1	1980 EDGEMONT RD EMMETT ID 83617
Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
he name and address to which future orrespondence should be addressed:  MARGARET SANTISTEVAN  2805 GEMINI PL  CALDWELL ID 83605	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): (208) 454-1955

Sig (signature required)

MARGARET SANTISTEVAN Printed Name:

**PARTNER** Capacity/Title:\_

(see instruction # 8 on back of form)

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